

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90084 003 \*\*\*150.00

**DOCUMENT # P98000014263**

1. Entity Name

L'ATELIER GASTRONOMIQUE, INC.



Principal Place of Business

90 EDGEWATER DRIVE  
SUITE 701  
CORAL GABLES FL 33133

Mailing Address

90 EDGEWATER DRIVE  
SUITE 701  
CORAL GABLES FL 33133

2. Principal Place of Business

9540 SW 80 Ave

3. Mailing Address

9540 SW 80 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

65-0811858

Applied For

Not Applicable

Zip

33156

Country

DADE

Zip

33156

Country

DADE

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FLAMANT, OLIVIER  
90 EDGE WATER DR.  
SUITE 701  
CORAL GABLES FL 33133

7. Name and Address of New Registered Agent

Name **FLAMANT Olivier**  
Street Address (P.O. Box Number is Not Acceptable)  
**9540 SW 80 Ave**  
City **MIAMI** FL Zip Code **33156**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/7/03

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	FLAMANT, CAROLE	
STREET ADDRESS	90 EDGE WATER DR. #302	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	PSTD	<input type="checkbox"/> Delete
NAME	FLAMANT, OLIVER	
STREET ADDRESS	90 EDGE WATER DR. #302	
CITY-ST-ZIP	CORAL GABLES FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 305 776-2871

Date

Daytime Phone #

CR2E034 (10/02)